

**KENTUCKY BOARD OF
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

P. O. Box 1360
Frankfort, KY 40602
(502) 564-3296 x223
<http://occupations.ky.gov>

(Name)

(Address)

(City, State, Zip)

FOR OFFICE USE ONLY

SS#: _____

Date: _____

Amount: \$ _____

ANNUAL RENEWAL APPLICATION

☐ Check here if name or address has changed from above. No changes will be made unless marked.

334A.170 of the Kentucky Revised Statutes requires each licensed speech-language pathologist and audiologist to renew his or her license by January 30th of each year. Your current license will expire **January 30, 2006**. Failure to renew your license shall constitute sufficient cause for termination of licensure. **Licenses not renewed by March 2, 2006 (includes 30 day grace period) will terminate and you are hereby advised at such time you must CEASE AND DESIST the practice of speech-language pathology and/or audiology in Kentucky. You may now renew on-line at <http://occupations.ky.gov/speechaudiology/index.htm>.**

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- ? Complete this form by filling in the information requested below. Incomplete forms **will be** returned.
- ? Attach the appropriate renewal fee: Forms received without the appropriate fee **will be** returned. **Make check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH.**
 - Renewals mailed on or before January 30; (must be postmarked on or before Jan. 30): Active -\$50.00; Inactive - \$10.00; Dual - \$100.00**
 - Renewals mailed January 31- March 2 - (must be postmarked on or before March 2): Active -\$90.00; Inactive - \$10.00; Dual - \$180.00**
- ? Complete the backside of this renewal application for continuing education credit. Each speech-language pathologist and audiologist must list fifteen (15) hours of continuing education obtained during the period of January 1 to December 31. Dual licensees must list twenty-five (25) hours of continuing education. The board will require documentation of obtained continuing education hours if you are audited. **DO NOT attach documentation of continuing education unless you are requested to do so. We cannot accept hours that have not been earned. You must wait to file your renewal until after all requirements are met.**
- ? Return this form with your check or money order to the address listed above on or before January 30, 2006. **Any form, which is returned due to incomplete or incorrect information, will be subject to late penalties if not returned by the deadlines stated above.**

TO BE COMPLETED BY ALL LICENSEES, Incomplete forms will be returned: (Please Print)

Name: _____ Social Security # _____ License #: SLP _____ AUD _____

Home Address:

Street or Box number City State Zip Code County

Present Business Address:

Name of Company Street or Box number City State Zip Code

Home Phone: _____ Business Phone: _____ E-Mail: _____

Have you been charged with, convicted of or pled guilty to a felony since your last renewal of Kentucky license?

☐ Yes (Attach documentation)

☐ No

Have you had disciplinary action taken against you or pending against your speech-language pathology or audiology license in any other state or jurisdiction since your last renewal?

☐ Yes (Attach documentation)

☐ No

The backside of this application MUST be completed. Incomplete applications WILL be returned.

Each licensee shall obtain a minimum of fifteen (15) hours of continuing education during the annual renewal period. All hours shall be in or related to the field in which you are licensed. Individuals who hold a license in both speech-language pathology and audiology will be required to complete a minimum of twenty-five (25) hours of continuing education during the annual renewal period in both areas of licensure. Each speech-language pathologist and audiologist is responsible for securing documentation to support proof of attendance.

List below the hours of continuing education obtained, INCLUDING COMPLETE DATE AND HOURS OBTAINED. Incomplete forms will be returned. DO NOT attach documentation unless you are audited. It is your responsibility to maintain all documentation.) If using hours carried over from 2004, you must list the course name, date and number of hours being carried over.

Course Name (Required)	Date(s) M/D/Y (Required)	Hours Earned (Required)

Total CE hours earned January 1 to December 31, 2005 = _____

Total CE hours earned during current renewal and grace period (January 1, 2006 to March 2, 2006)= _____

Total CE hours carried over from January 1 to December 31, 2004 (maximum of five hours) = _____

Please mark the appropriate box:

- ☐ Requesting to return to an active status from an inactive status. **(Fee required. Continuing Education must be listed above.)**
- ☐ Remaining on active status. **(Fee required. Continuing education must be listed above.)**
- ☐ First year licensee. **(Fee required. No Continuing Education required.)** Date of initial license: _____
- ☐ Currently on an inactive status. **(Fee required. No Continuing Education required.)**
- ☐ Requesting an inactive status. **(Fee required. No Continuing Education hours required.)**
- ☐ Requesting termination. **(No fee required. No Continuing Education required.)**

I hereby certify that all information provided by me on this form is true and complete to the best of my knowledge.

(Signature is required. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)

Signature: _____

Date: _____

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____ **Date:** _____

Application Denied by: _____ **Date:** _____

Resubmitted for review: Approved: ☐ **Denied:** ☐ **By:** _____ **Date:** _____

Comments: _____

